



STATE OF CONNECTICUT  
TEACHERS' RETIREMENT BOARD  
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**BID ADDENDUM #2**

**DESCRIPTION:** The TRB is seeking a Health Plan Consultant to assist in the administration of the health benefit programs for retired members and spouses.

**BIDDERS NOTE:** The following questions were received in response to Bid #07TRB0001. Answers follow each question asked.

**Q There are a number of services listed in the scope that could require a wide range of consultant hours. How much time has the incumbent billed or budgeted (in hours per month or per year over the last 2 – 3 years) for the following activities:**

**Assisting the board by interacting with vendors as an advocate for members:**

A: We anticipate 40 hours per year of advocating for members with vendors.

**Q HIPPA training:**

A: The staff is required to receive one annual session per year covering how hard copy documents are to be received, processed, recorded, maintained and stored. This on-site training averages 1 (one) hour.

**Q Has this level of consultant activity met the TRB's needs?**

A: Yes. In addition, the consultant is in frequent contact with the Administrator of the system, averaging one hour per week.

**Q Regarding the Scope of work in Section 1.A.4.:**

**Will the consultant be expected to attend two or four TRB meetings per year?**

A: Include in your proposal two "Board" meetings per year. If attendance is required at additional "Board" meetings, they would be billed under Special Services.

**Q What is the role of the consultant at these meetings?**

**Listen to the issues raised by the board?**

A: Yes, possibly.

**Q Answer questions raised by board members about the plan?**

A: Yes.

**Q Make a formal presentation to the board at these meetings?**

A: Yes, as requested by the Board through the Administrator.

**Q Who (by position or title/function) are the key stakeholders who would be working with the consultant? (i.e., individuals the TRB would expect to have input into the work that the consultant will complete over the course of the contract.)**

A: The consultant works for the Board. However, the primary point of contact is the TRB Administrator.

**Q What is the role of the consultant in supporting the TRB with vendor negotiations?**

**Is the consultant present during negotiations?**

A: Yes.

**Q Does the consultant lead negotiations?**

A: Yes.

**Q Does the consultant only function as a behind the scenes resource?**

A: No.

**Q By what date do premium rates need to be finalized each year?**

A: September 1<sup>st</sup>.

**Q Is there a specified format that the TRB is required to use for its Dental, Health Plan and Pharmacy RFP's (e.g., State of Connecticut government format) or can it use its own format?**

A: The ST of CT has specific contract requirements. However, we have some flexibility on the format. The consultant would seek final approval from the TRB Administrator or TRB Assistant Administrator on the format.

**Q Regarding the Response Instructions Item II.F.:**

**What are your concerns regarding the consultant's computer equipment:**

A: The State needs assurance that the consultant has the proper equipment robust enough to perform the required tasks in a timely manner.

**Q How much detail do you want about the equipment?**

A: A brief description will suffice.

**Q Does the TRB have an incumbent health plan consultant? If so, who is the incumbent health plan consultant?**

A: Yes, Corporate Benefits Consultants.

**Q What is the current budget for health plan consulting?**

A: We do not have a set budget for these services. Over the past two contract periods there have been unanticipated HIPAA and MMA costs. Any known remaining services have been incorporated into this RFP. Therefore, the results of this RFP will allow us to create a realistic budget to effectively manage our health care programs and fund.

**Q Does the scope of the proposal include Part D subsidy attestation work?**

A: Not directly, however, the consultant may be called upon by the TRB Administrator to clarify the plans provisions for the Actuary.

**Q Does the scope of the proposal include GASB analyses?**

A: Not directly, however, the consultant may be called upon by the TRB Administrator to clarify the plans provisions for the Actuary.

**Q Are all meetings required to be in person or can some of them be done by conference call. For example, can the kick off meeting, initial results meeting and vendor finalist presentations/ interviews be held in person, while the remainder of any meeting is held by conference call?**

A: The consultant can have some meetings with the Administrator by conference call while writing the RFP's for the health care vendors.

**Q Will CT TRB require "live" access to the RFP and responses, or can it be made available via web cast review only?**

A: All RFP's, questions and answers must be posted to the State of CT DAS web-site.

**Q Regarding the TPA RFP only: Does the TPA administer the current pre-65 subsidy program?**

A: No. TRB staff administer (the statutory) health insurance subsidy program.

**Q Will that service be included in the TPA RFP?**

A: No.

**Q Will the current cost model be made available to the consultant, or will a new model need to be built?**

A: If a new vendor is selected the Board would be interested in seeing their product, model or approach.

**Q Please provide a copy of a prior TRB annual report as an example of the type of annual report anticipated.**

A: As this is a new requirement, we do not have an example. We are interested in a report reflecting a summary of the annual health fund receivables and payables in the Health Insurance Premium Account. This account is a pass through account for all health plan receivables and payables. We would like a report going forward to reflect if the account is "gaining or losing ground" from one year to the next. This information is provided to the current consultant on a monthly basis and we would continue to do so in the future. We anticipate that the report could serve as a spring board to any new initiatives the consultant would be recommending to the Board for consideration; such as increasing the subsidy payment on behalf of the retired pre Medicare members and spouses; or modifying the TRB sponsored health plan to reduce expenses, increase coverage, or increase the health fund balance over time.

**Q Please clarify whether travel expenses should be included in the meeting expense estimates.**

A: Yes, any expenses that will be charged to the TRB MUST be included in the cost proposals.

**Q Please clarify what is intended – does TRB have specific initiatives in mind that would fall under the scope of this proposal? If so, what are they?**

A: We want a consultant who is proactive in arriving at solutions to keep the health fund solvent for current and future retirees, who keeps our plan aligned with health care expectations, who negotiates the best possible rates with the lowest administrative fees without jeopardizing the services our membership receive.

**Q What types of studies are anticipated within the scope of this proposal?**

A: We want a consultant who can anticipate those needs for us and bring recommendations to the Board through the Administrator.

**Q Please provide examples of previous studies and analyses.**

A: Upon the enactment of MMA, the consultant brought recommendations to the Board regarding how the Board should meet the prescription needs of our retired post Medicare members. The Board had an existing prescription plan packaged with a health plan for our retired members and needed guidance on how to proceed.

Due to MMA, a comparison of purchasing drugs through a drug vendor versus becoming a "Prescription Drug Plan".

Participation in joint "venture" with other stakeholders, such as the Comptrollers office, teacher union representatives, state representatives, etc., to review and analyze the benefit and associate cost or savings of grouping or joining retired teachers with retired state employees to explore the most effective means of extending health care coverage to a large group of retirees.

Preparation of responses for state representatives, unions, Board members, TRB staff; through the TRB Administrator as to why certain claims are denied under the provisions of the TRB health and/or prescription plan. This requires extensive knowledge of the plan provisions and may require interaction with the drug vendor who administers the benefits. A recent example of this was to provide the TRB Administrator with the reason why a prescription for a wig was not covered by our plan when it appeared to be required by recently enacted CT State law.

**Q Will Special Services be billed separately, and on a per project basis, from the services provided under the Regular Services section of the contract?**

A: Yes, with mutual agreement between the vendor and the TRB Administrator regarding a "not to exceed cost", deliverable(s) and time frame. However, meetings, conference calls, time spent and expenses incurred producing the required RFP's, as well as any other items listed under Regular Services are not considered Special Services and should be included in your Regular Service cost proposal.

**Q What types of surveys might be requested under the Special Services section? Please provide copies of previous surveys TRB has conducted as examples.**

A: We have recently discussed doing a survey of retired members without insurance either with their last employing board of education or TRB to learn why they are not covered either place. The purpose is to find out if we are meeting the health care needs of our retirees; and if not, what is the best approach to help those retirees who may not be covered due to the high cost of health insurance without excluding them from other low cost programs they may currently be entitled to through other State and Federal programs. This will be our first survey. As of this writing, it hasn't been drafted.

